

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)

10-63780
APPLICANT

FILING DATE

	CLAIMS											
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							S1				
2	/							S2				
3	/							S3				
4	/							S4				
5	/							S5				
6	/							S6				
7	/							S7				
8	/							S8				
9	/							S9				
10								S0				
11								S1				
12								S2				
13								S3				
14								S4				
15								S5				
16								S6				
17								S7				
18								S8				
19								S9				
20								S0				
21								S1				
22								S2				
23								S3				
24								S4				
25								S5				
26								S6				
27								S7				
28								S8				
29								S9				
30								S0				
31								S1				
32								S2				
33								S3				
34								S4				
35								S5				
36								S6				
37								S7				
38								S8				
39								S9				
40								S0				
41								S1				
42								S2				
43								S3				
44								S4				
45								S5				
46								S6				
47								S7				
48								S8				
49								S9				
50								S0				
TOTAL IND.												
TOTAL DEP.	6											
TOTAL CLAIMS												

BEST AVAILABLE COPY

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